

Name
in Full

Mrs. Mollie Browning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

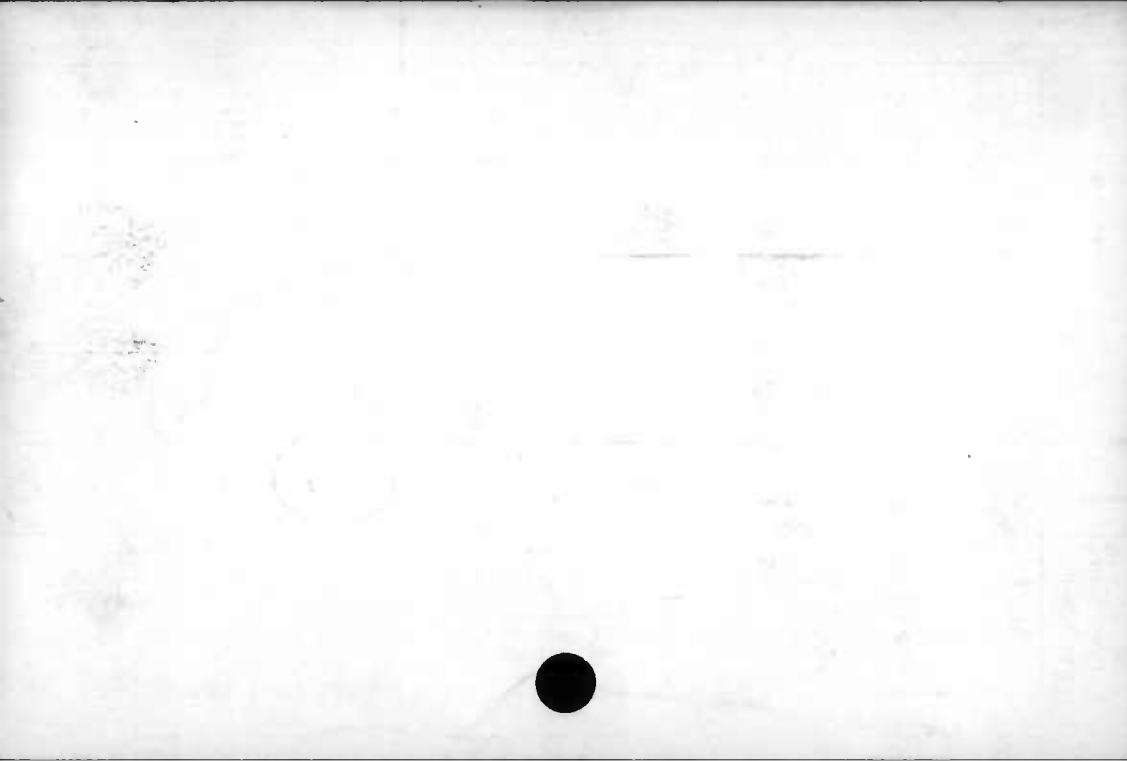
Died at <i>Kitz miller</i>		County <i>Harrett</i>		MARYLAND	
Date of death	190 <i>8</i> April	Day	13	Age	60
Sex	Female	Color or Race	White	Birth-place	Woodfield, W. Va.
Occupation	Manager of Hotel	Where Residing if not at place of death		<i>Kitz miller, W. Va.</i>	
Married, Single or Widowed	Single	Name of Wife or Husband	<i>Minckle Browning</i>		
Father's Name	<i>John Holley</i>		Father's Birthplace	<i>Woodfield W. Va.</i>	
Mother's Maiden Name	<i>F. Miss Ashley</i>		Mother's Birthplace	<i>Woodfield W. Va.</i>	
Name of person giving Information	<i>M. A. Browning</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>cerebral hemorrhage</i>	How long	<i>six months</i>
Immediate	<i>Paralysis</i>	How long	<i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Kellum</i>
		Address	<i>Westport, W. Va.</i>
Accident or Suicide	<i>✓</i>		



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

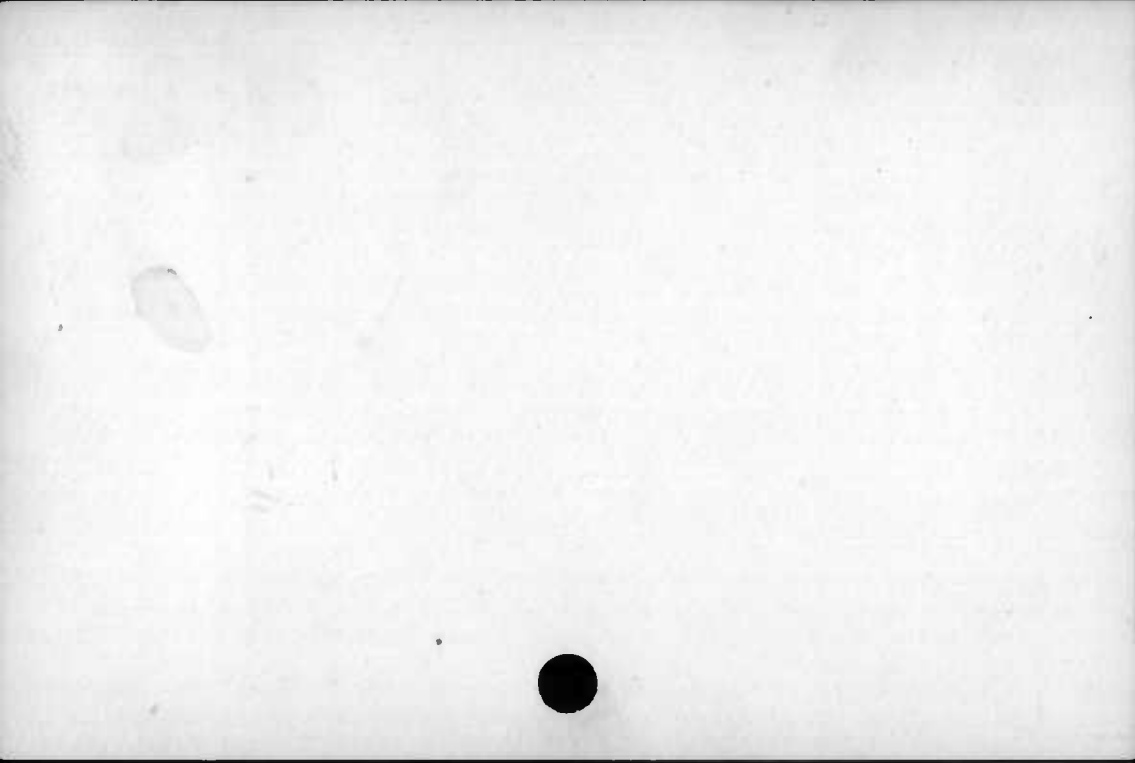
Name <i>John Crowe</i>		Town <i>Savage Mountain</i>		County <i>Garrett</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>April</i>		Day <i>22</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>86</i>		Months <i>—</i>	
Occupation <i>Farmer</i>		Birth-place <i>Allegheny Co -</i>		Where Residing if not at place of death		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emily Warrick</i>		Father's Name <i>Jacob Crowe</i>		Father's Birthplace <i>Allegheny Co -</i>	
Mother's Maiden Name <i>Nancy Weinberger</i>		Name of person giving information <i>Silas Crowe</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of age</i>	How long	<i>—</i>
Immediate	<i>Anaemia</i>	How long	<i>One month -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jas. O. Bullock</i>	
		Address <i>Lonaconing</i>	
Accident or Suicide? <i>no</i>		<i>Maryland</i>	



Name
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CERTIFICATE OF DEATH

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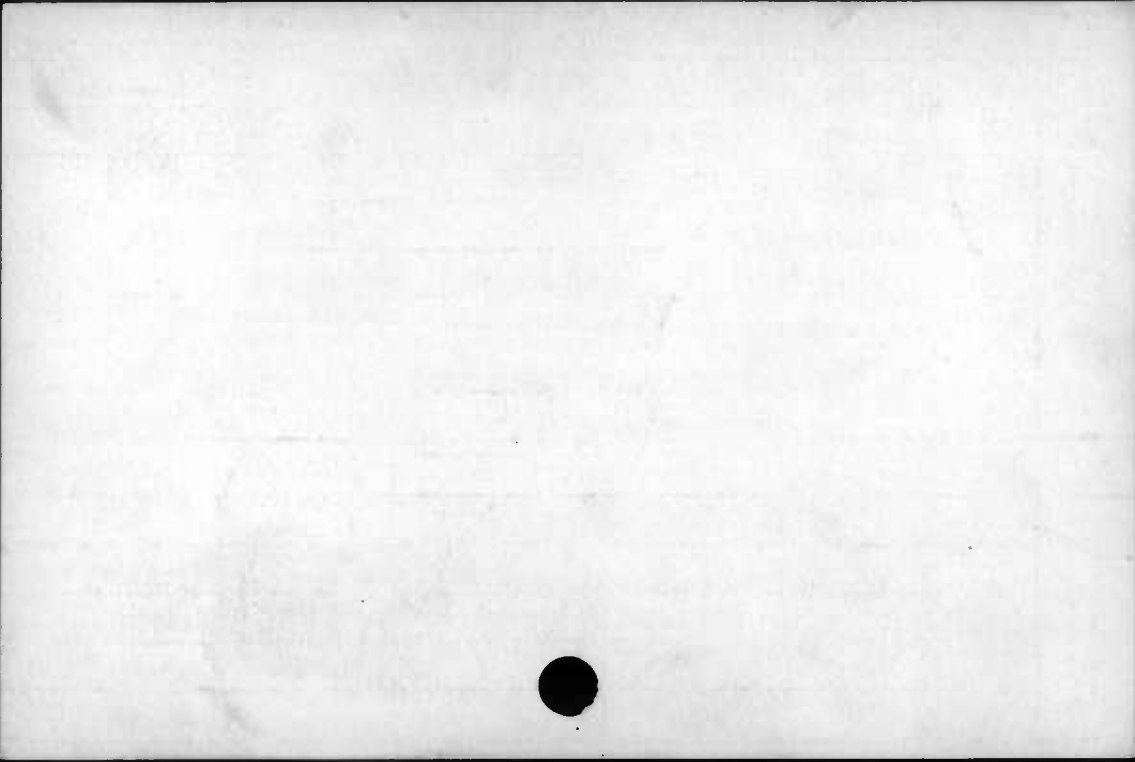
Died at <i>Keyser</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>April</i> <small>Day</small> <i>7</i>		Age <i>87</i> <small>Years</small>		<i>8</i> <small>Months</small> <i>18</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>wife dead</i>			
Father's Name <i>Martin Diehl</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Juliana Vries</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mahlon Georg</i>		How related to deceased <i>Grand Son</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>General Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Peter Nathan</i>
<i>Yes</i>	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>no</i>	<i>Grantsville, Md.</i>



Name
in
Full

Nancy Jane Durst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

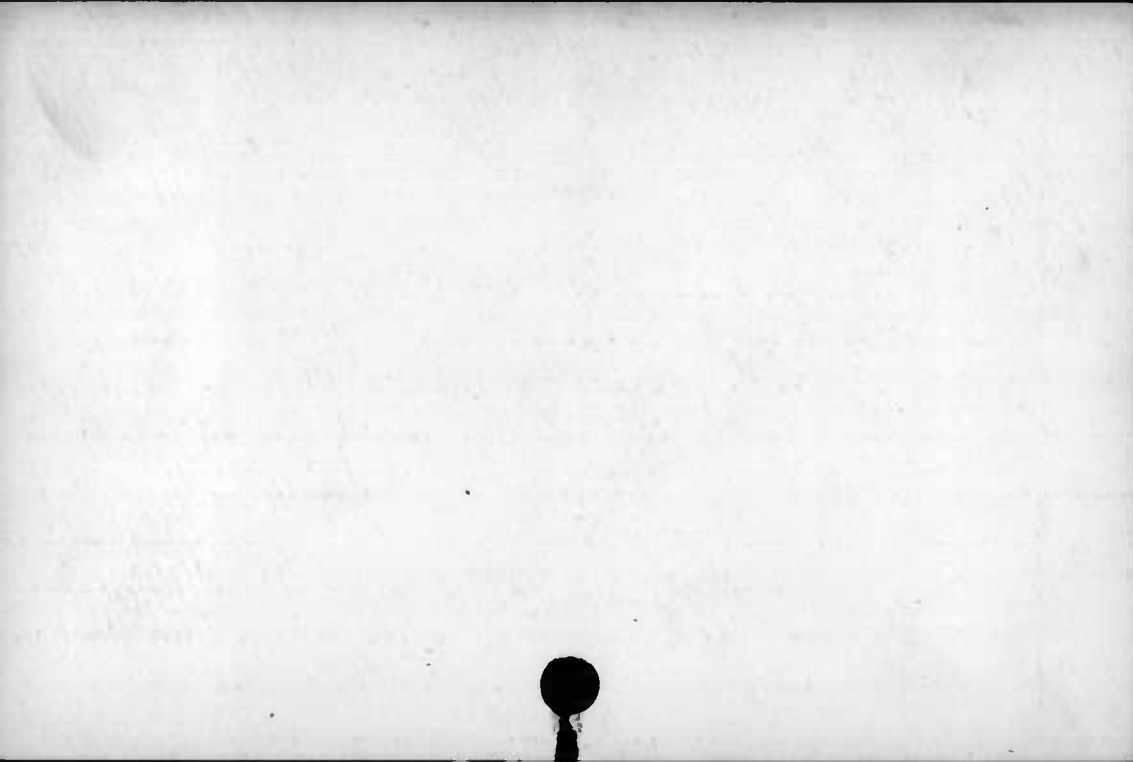
Died at		Town Granville		County Garrett		MARYLAND	
Date of death	1908	Month April	Day 25	Age 46	Years	Months 6	Days 2
Sex Female	Color or Race White		Birth-place Pa.				
Occupation Housewife	Where Residing if not at place of death Granville Ind.						
Married, Single or Widowed Married	Name of Wife or Husband Joseph Durst						
Father's Name Andrew Crumner	Father's Birthplace Pa.						
Mother's Maiden Name Catherine Augustine	Mother's Birthplace Pa.						
Name of person giving information Ed Durst	How related to deceased Brother in Law.						

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 20 days
Immediate Intestinal Hemorrhage	How long 2 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. T. Johnson
	Address Granville Ind.
Accident or Suicide? No.	



Name in Full		Edward Leonard Fozzibaker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Accident	County Gorrell	MARYLAND		
		Date of death	1908	Month April	Day 17	Age	Years	Months
								Days 11
		Sex	male	Color or Race	white	Birth-place	Accident md	
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed	Name of Wife or Husband					
		Father's Name	Noah Fozzibaker			Father's Birthplace	md	
		Mother's Maiden Name	Sallie Bird			Mother's Birthplace	md	
		Name of person giving information	Noah Fozzibaker			How related to deceased	Father	
		CAUSES OF DEATH				150		
PHYSICIAN OR CORONER		Primary	congenital			How long		
		Immediate	lack of formation			How long	from birth	
		Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	H.R. Boyer M.D.	
						Address	Accident	
							md	
		Accident or Suicide?						

Sunkerd cemetery accident

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Place Elizabeth Friend* Town *Gotha Lynn* County *Barrett* MARYLAND

Died at *Gotha Lynn*

Date of death *1908* Month *Apr* Day *5* Age *26* Months *9* Days *2*

Sex *Female* Color or Race *White* Birth-place *Lees Park*

Occupation *None* Where Residing if not at place of death

~~Married~~ Single *None* Name of Wife or Husband

Father's Name *Bernardine Friend* Father's Birthplace *Allegheny*

Mother's Maiden Name *Catharine White* Mother's Birthplace *Maryland*

Name of person giving information *Mrs. Baker* How related to deceased *Sister*

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary *Accompanied* ✓ How long

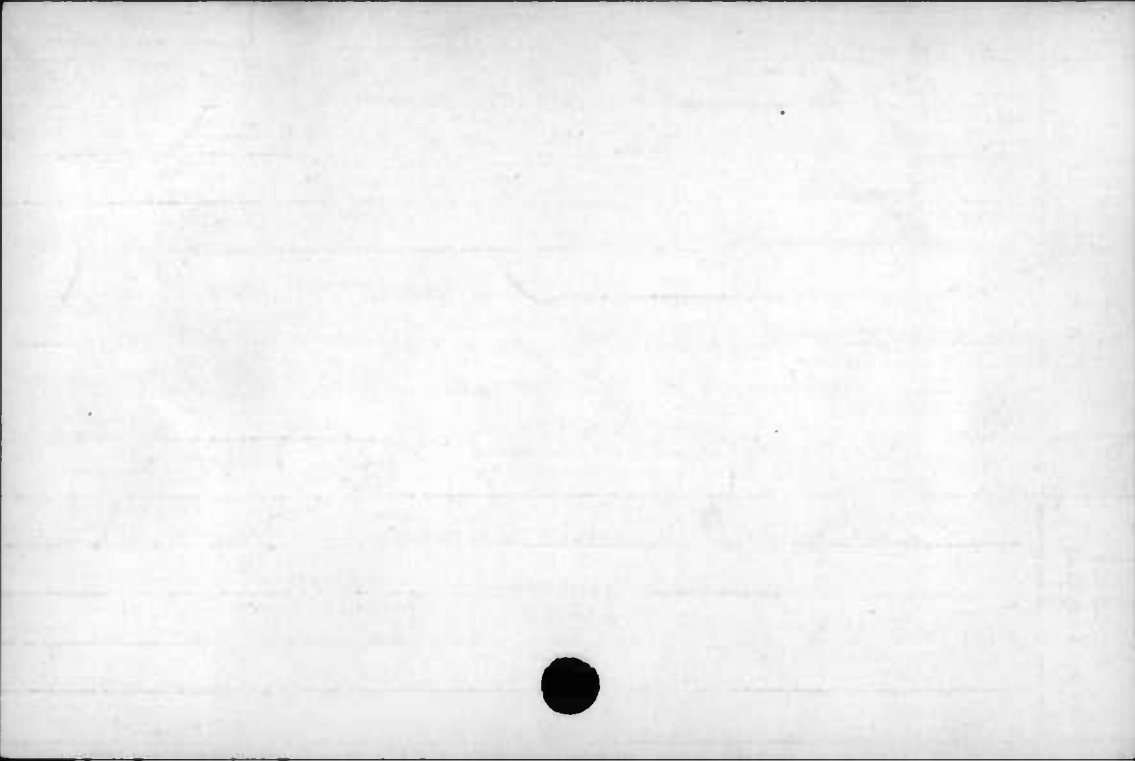
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Maryanne Getty

Town

County

MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days -

1908

April

22

71

5-

21

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

129

Primary

How long

Immediate

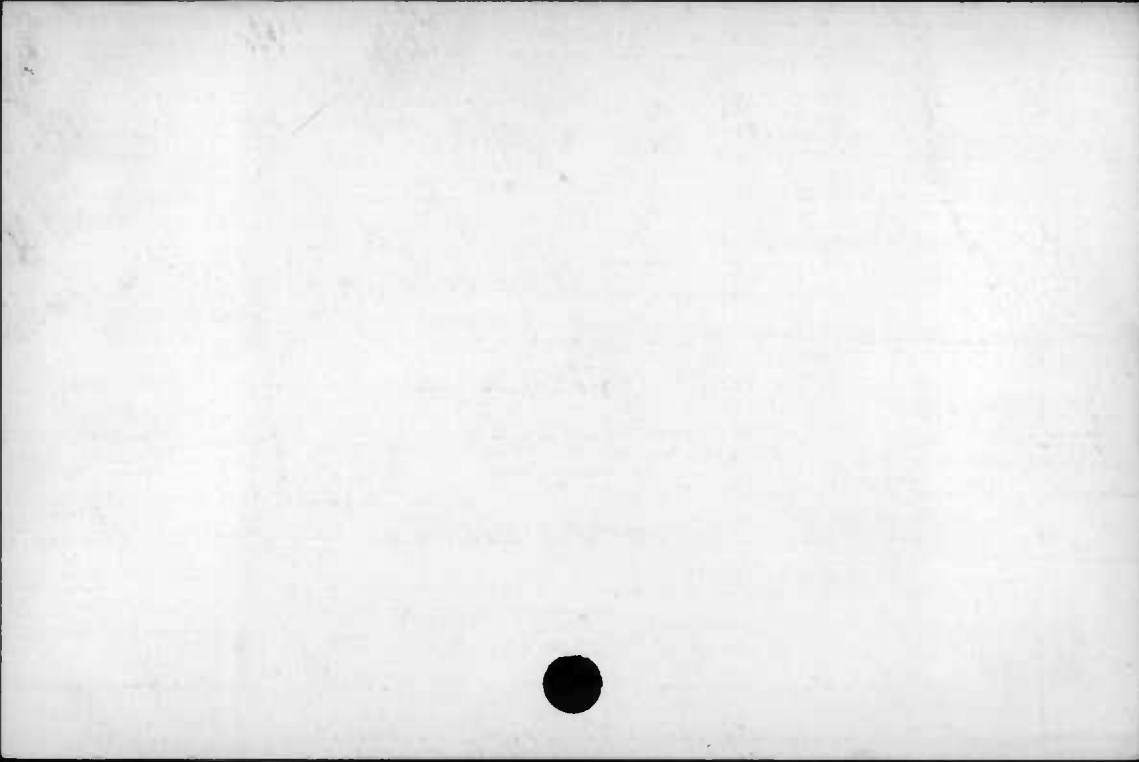
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E. Haun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

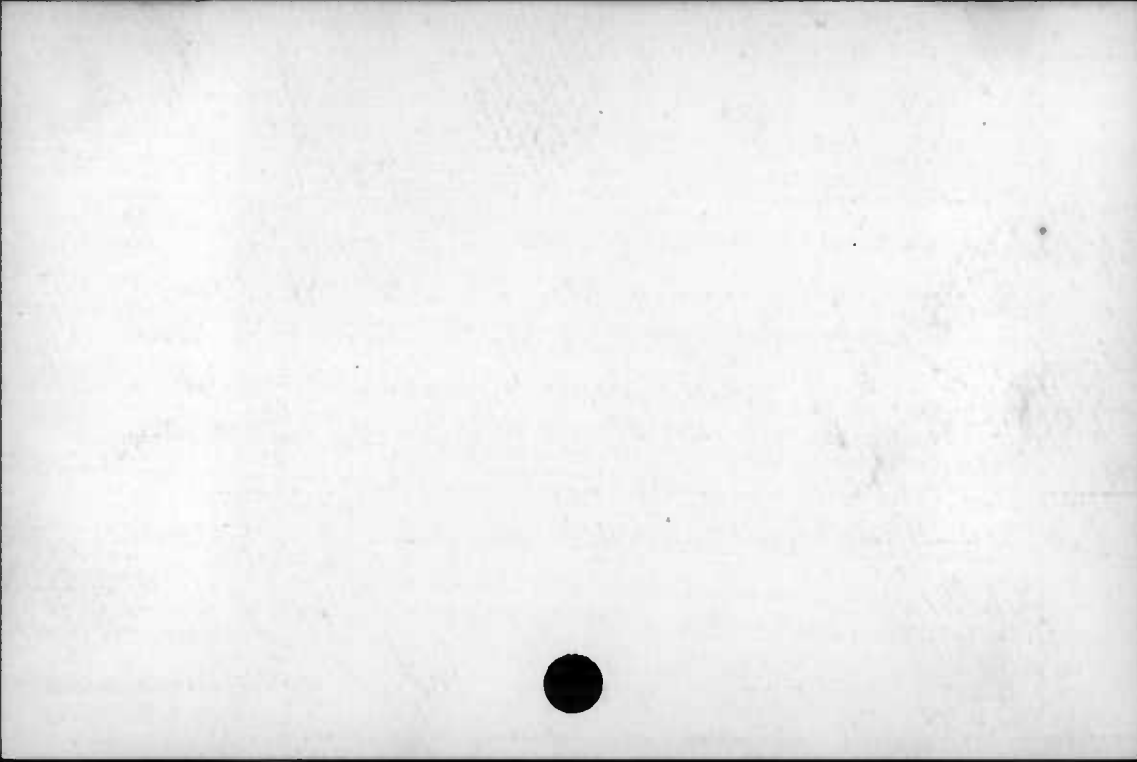
MARYLAND

Died *near Oceanend* TownCounty *Yorba*Date of death *1908*Month *April*Day *7*Age *53* YearsMonths *10*Days *15*Sex *Female*Color or Race *White*Birth-place *md*Occupation *Housewife*Where Residing if not at place of death ☒Married, ☒ Single
~~Widow~~Name of Wife or Husband *Isaac Haun*Father's Name *_____*Father's Birthplace *_____*Mother's Maiden Name *_____*Mother's Birthplace *_____*Name of person giving information *Isaac Haun*How related to deceased *Husband*

CAUSES OF DEATH

79

Primary *Heart disease*How long *10 years*Immediate *Droopy*How long *year*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *M. C. Hambrecht*Address *Oceanend md*Accident or Suicide? *_____*



Name
in
Full

CERTIFICATE OF DEATH

Name *John Harvey*
Died at *West* ^{Town} *10* ^{County} *Garrett*

MARYLAND

Date of death *1908* ^{Month} *apr* ^{Day} *2* ^{Years} *17* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *School boy* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James L Harvey*

Father's Birthplace *Ind*

Mother's Maiden Name *Steyas*

Mother's Birthplace *Ind*

Name of person giving information *Robert Paugh*

How related to deceased *None*

CAUSES OF DEATH

79

Primary *mitral regurgitation, cardiovascular hypertrophy, & dehydrated* ^{How long} *4 years*

Immediate

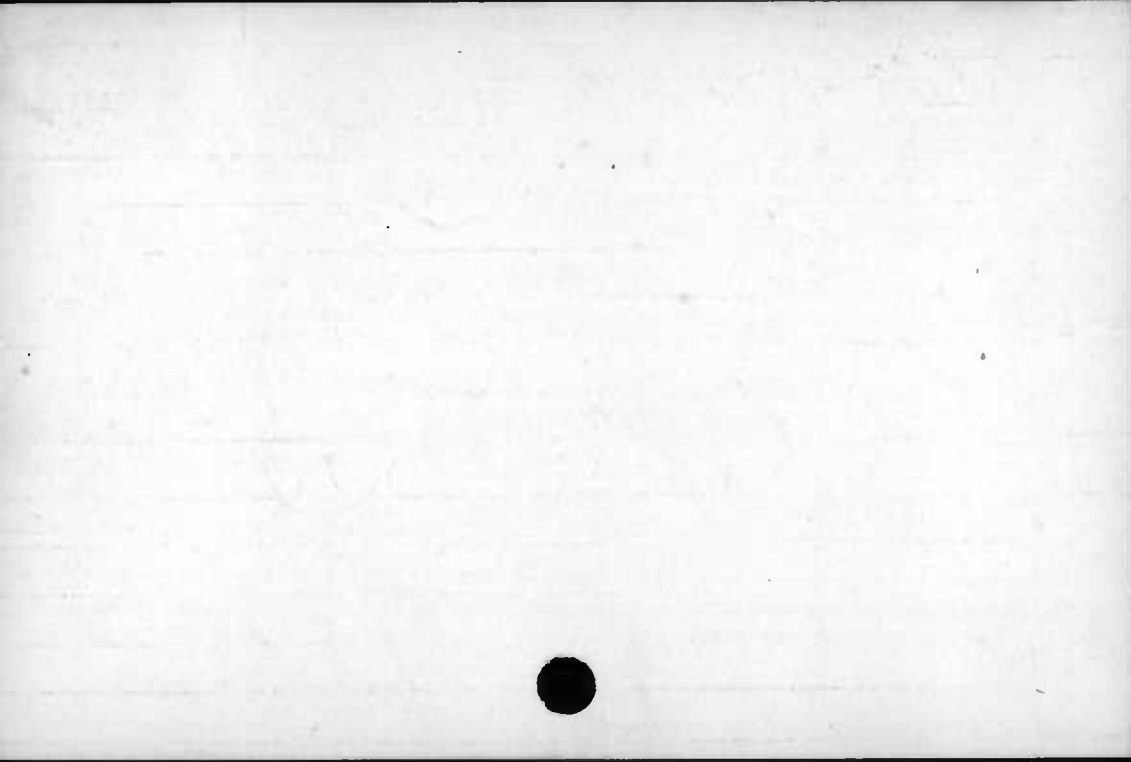
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. E. Legger*
Address *Garrettsville Ind*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at near Deer Park Town Deer Park County Essex

Date of death	Month	Day	Age	Years	Months	Days
1908	Apr	26	100			

Sex	Male	Color or Race	white	Birth-place	Vermont
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Occupation	Lead Stage driver	Where Residing if not at place of death	John Williams
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Married, Single or Widowed Married Name of Wife or Husband Mary Kiser

Father's Name *Fred. Kerner* 1 Father's Birthplace *Germany*

Mother's
Maiden Name Loretta Brown / Mother's
Birthplace Virginia

Name of person giving information *John Williams* How related to deceased *None*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Elizabeth Kohl* Town *Accident* County *Garrod* MARYLAND

Died at *Accident*

Date of death *1908* Month *April* Day *2* Age *21* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Accident Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Lewis Kohl* Father's Birthplace *Accident Md*

Mother's Maiden Name *Lula Friend* Mother's Birthplace *Friendsville Md*

Name of person giving information *Carroll Schmale* How related to deceased *none*

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary *Immature Birth* How long *1.200*

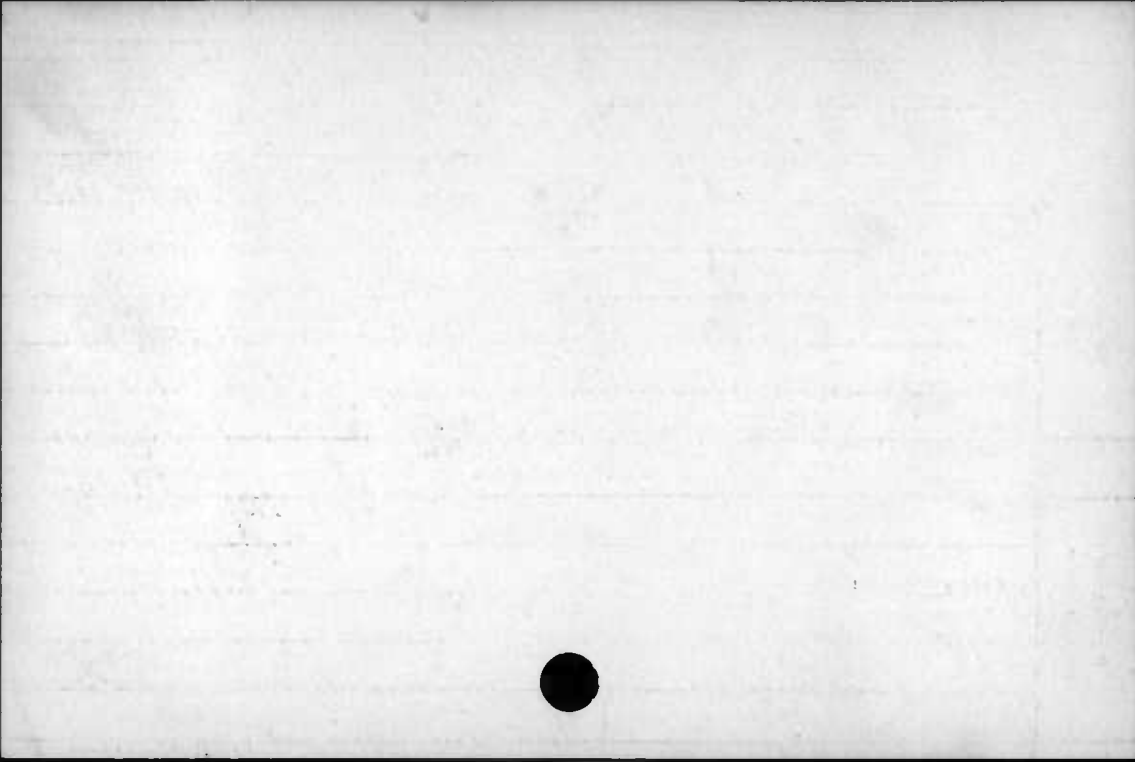
Immediate *Indigestion* How long *1-week*

Are the name, age, sex, color, date and place correctly given above? *yes*

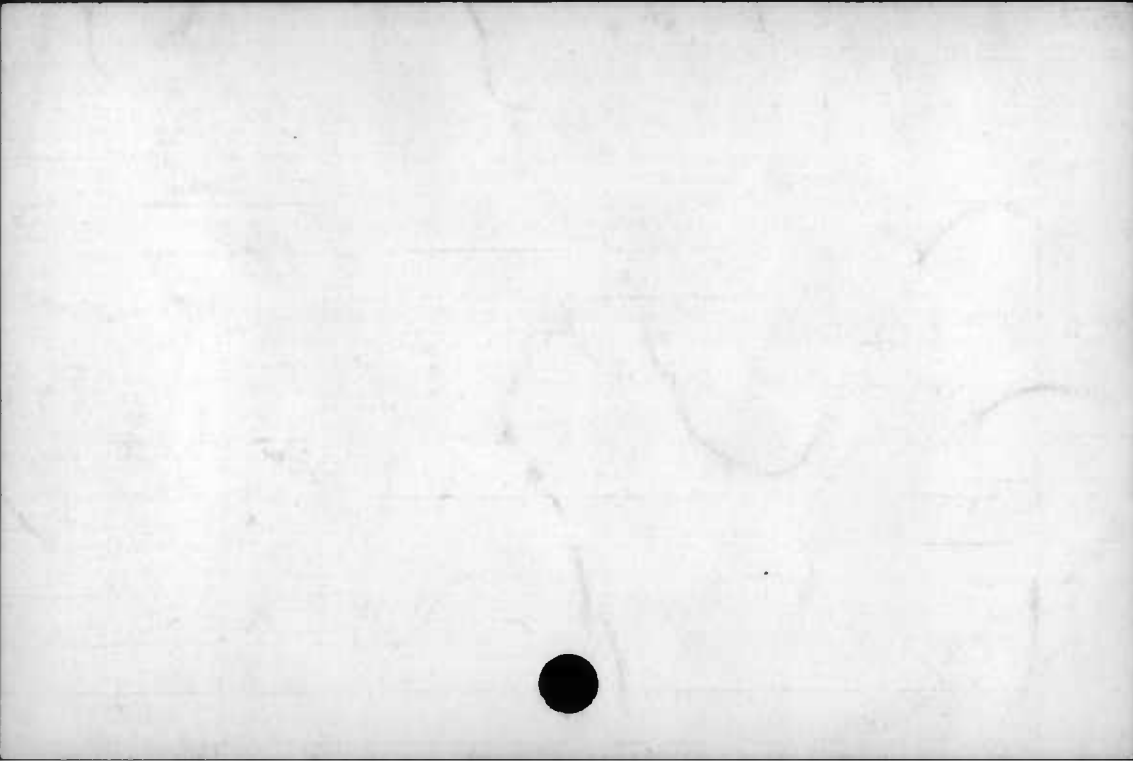
Signature of Physician *H.P. Bayer M.D.*

Address *Accident*

Accident or Suicide? *no*



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Date of death		Month	Day	Age	Years	Months	Days
	Sex		Color or Race		Birth-place					
	Occupation		Where Residing if not at place of death							
	Married, Single or Widowed		Name of Wife or Husband							
	Father's Name		Father's Birthplace							
	Mother's Maiden Name		Mother's Birthplace							
	Name of person giving information		How related to deceased							
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		How long							
	Immediate		How long							
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
			Address							
	Accident or Suicide?									



Name
in
Full

Morrow Lower.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

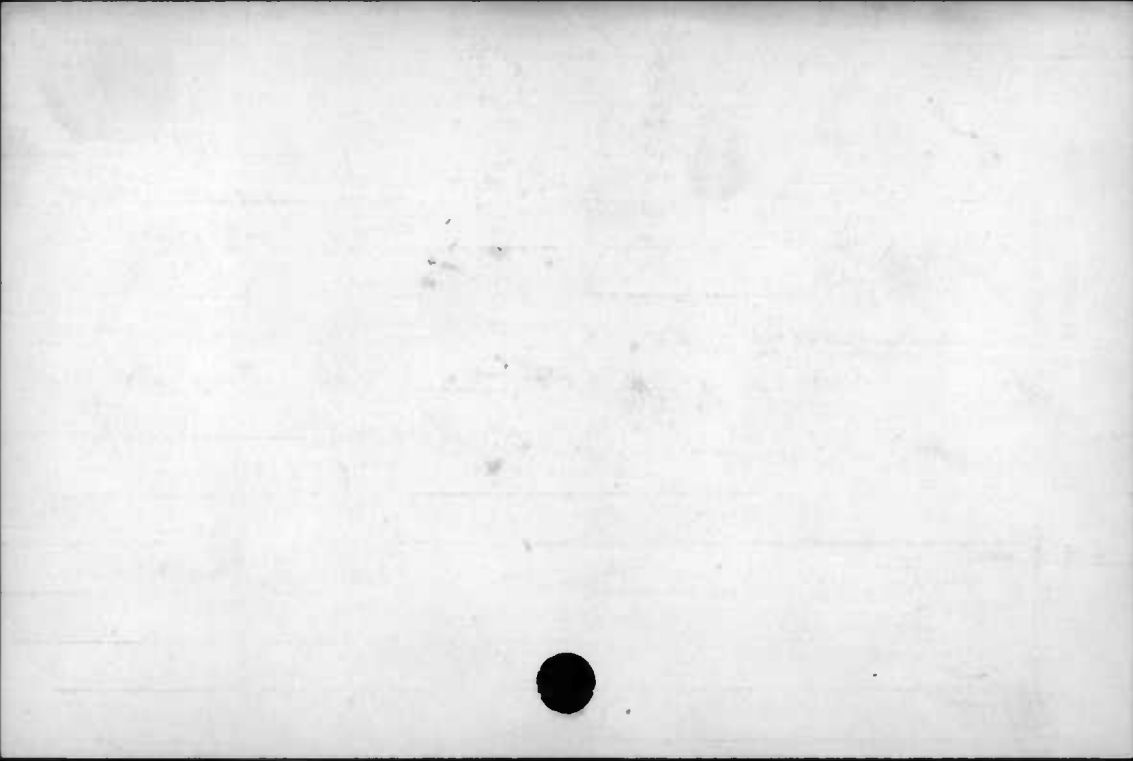
Died at		Town <i>✓</i>		County <i>Garnett</i>		MARYLAND	
Date of death	1908	Month <i>April</i>	Day <i>25</i>	Age	Years	Months <i>7 weeks 3</i>	Days <i>2</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Garnett Co</i>
Occupation	<i>✓</i>		Where Residing if not at place of death		<i>at - place of death</i>		
Married, Single or Widowed	<i>✓</i>		Name of Wife or Husband		<i>✓</i>		
Father's Name	<i>David M. Lower</i>				Father's Birthplace	<i>Garnett Co</i>	
Mother's Maiden Name	<i>Stella J. White</i>				Mother's Birthplace	<i>Garnett Co</i>	
Name of person giving information	<i>David M. Lower</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Alth rapsia</i>	How long	<i>From birth</i>
Immediate	<i>Malnutrition</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. W. McComa</i>
		Address	<i>Oakland Md</i>
Accident or Suicide?	<i>✓</i>		



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

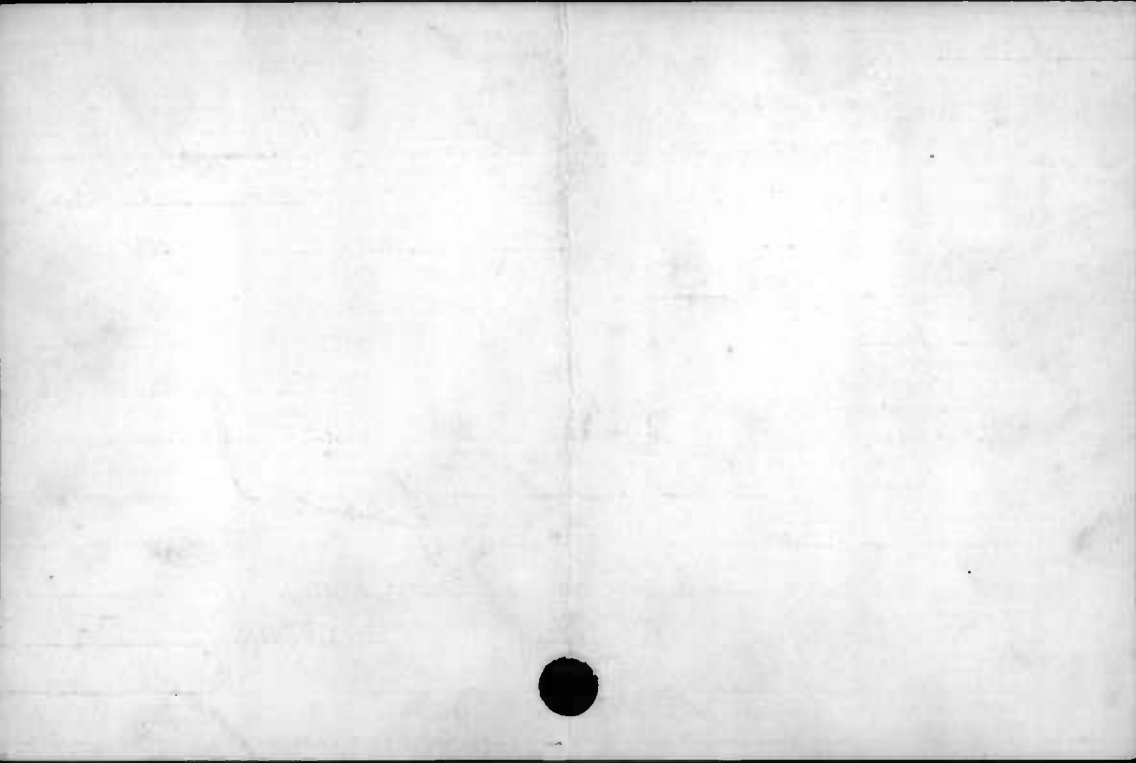
Died at		Town <i>Gorman</i>		County <i>Barrett</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>22</i>	Age	Years <i>81</i>	Months <i>11</i>	Days <i>22</i>
Sex <i>Male</i>		Color or Race <i>Irish & Dutch</i>		Birthplace <i>New Hampshire, U.S.A.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at J. E. Moreland</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Lacey A. J. Moreland</i>					
Father's Name <i>Henry Moreland</i>		Father's Birthplace <i>New Hampshire, U.S.A.</i>					
Mother's Maiden Name <i>Polly Smith</i>		Mother's Birthplace <i>New Hampshire, U.S.A.</i>					
Name of person giving information <i>J. E. Moreland</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long
Immediate	<i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. Drinkwater</i>
		Address <i>Gorman, W. Va.</i>
Accident or Suicide?		



Name
in
Full

Flo Ryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

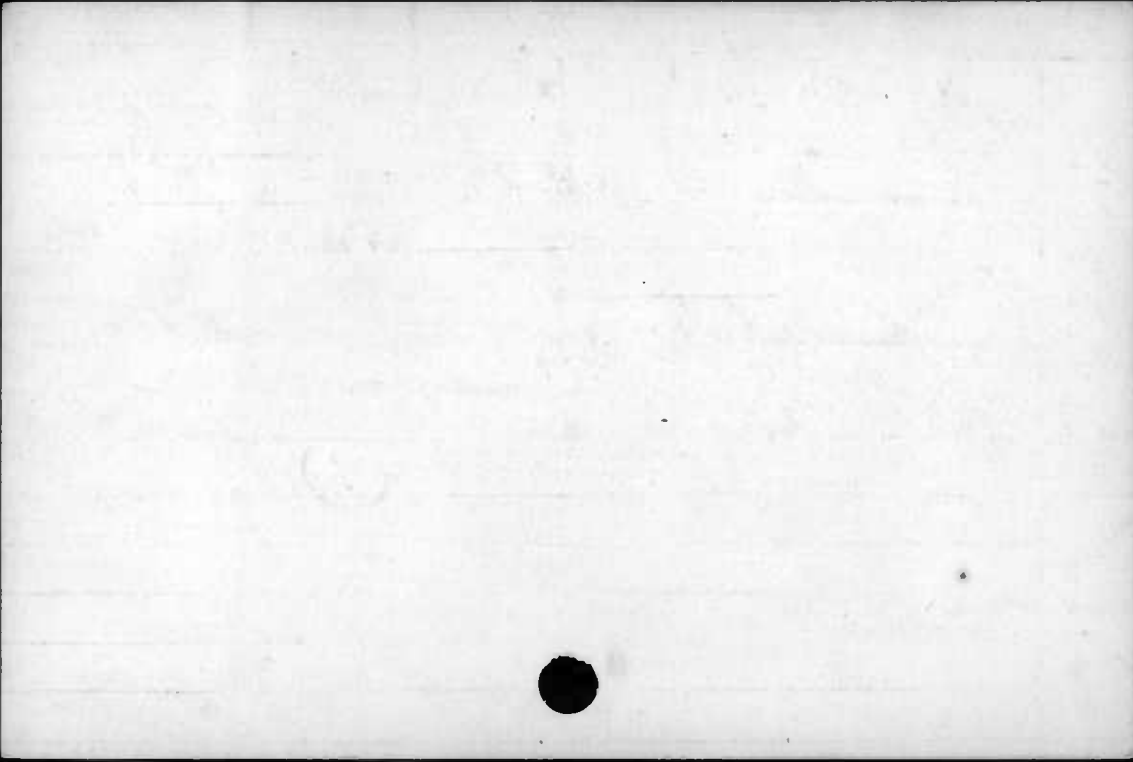
Died at <i>Catland</i> Town		<i>Barrett</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>6</i>	Age <i>23</i> Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W Pa</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>Catland</i>		
Single Single			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Thos B Ryan</i>			Father's Birthplace <i>W Pa</i>		
Mother's Maiden Name <i>Annice Shulaker</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Thos Ryan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary <i>Enteric - fever</i>	How long <i>5 wks</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Hume Comas</i>
	Address <i>Catland Md</i>
Accident or Suicide?	



Name
in
Full

Rochester Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carlton</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death	1908	Month	14	Day	5
Age	88	Years		Months	Three
Sex	Male	Color or Race	White	Birth-place	Prussia
Occupation	Carpenter	Where Residing if not at place of death <u>Carlton</u>			
Married, Single or Widowed	Single	Name of Wife or Husband	Kunnie Maria		
Father's Name	Hugheline Wolf	Father's Birthplace	Prussia		
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information	John Wolf	How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old age</u>	How long	<u>Some time</u>
Immediate	<u>Exhaustion</u>	How long	<u>Some weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>McKeebaugh</u>	
<u>Filed 1908</u>		Address <u>Carlton</u>	
Accident or Suicide?			

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